



## Better Health Together

*This electronic newsletter will be produced weekly to provide high-level updates on the work of the DC Innovation office under the State Innovation Model (SIM) grant as DC develops the State Health Innovation Plan (SHIP). We look forward to your input on our activities and milestones as we work to improve healthcare for DC residents.*

### SIM Work Group Calendar

**All Work Group Meetings will  
be held at 441 4<sup>th</sup> Street NW-  
Room 1028**

*Community Linkages Work  
Group*  
March 24, 2016  
11:30am-1:00pm  
(Conference Room 1112)

*Quality Metrics Work Group*  
March 28, 2016  
TBD

*Quality Metrics Work Group*  
April 18, 2016  
3:00pm-4:30pm

*Community Linkages Work  
Group*  
April 20, 2016  
2:00pm-3:30pm

### Recent News

#### SIM Work Group Update

The **Payment Models Work Group** met on March 17<sup>th</sup>. Workgroup members presented ideas on various models of payment reform that align the value proposition. Furthermore, there was discussion on best structure for such alignment and whether the District should look at more macro integration (similar to an Accountable Care Organization - ACO). As next steps, members will evaluate the feasibility and appropriateness of an Advanced Primary Care model following New York and/or Oregon structures, as well as a Hospital Value Based Purchasing (VBP) models. To review materials and summaries from previous Payment Model Work Groups, click [here](#).

#### Update on Interviews with Health Care Consumers

DHCF and Navigant Consulting have been actively interviewing D.C. residents about their experience in the healthcare system. So far, one-on-one interviews have been conducted at Mary's Center and Unity's Anacostia Health Center. The findings from this survey research will be used to inform D.C.'s State Innovation Health Plan (SHIP) under SIM. The SHIP will describe the strategies and methods proposed to transform the structure and performance of the District's entire health system. DHCF appreciates all of the partners that have helped to coordinate consumer interviews.

## Announcements

### New York Directs \$1.5 Billion to DSRIP Providers for Capital and Infrastructure Support

New York Governor, Andrew Cuomo, announced that \$1.5 billion in grant funding will be used to support the State's Delivery System Reform Incentive Payment Program (DSRIP). The funding is offered through the Capital Restructuring Financing Program and Essential Health Care Provider Support Program, which support DSRIP. The grants will be used for infrastructure improvements, IT system development, debt relief at hospitals and clinics, and other projects. 162 projects at hospitals and clinics throughout the state will be funded. To read more, click [here](#).

### CMS Releases Interactive Mapping Medicare Disparities Tool

Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) released a new interactive map to increase understanding of geographic disparities in chronic disease among Medicare beneficiaries. The [Mapping Medicare Disparities \(MMD\) Tool](#) identifies disparities in health outcomes, utilization, and spending by race and ethnicity and geographic location. Understanding geographic differences in disparities is important to informing policy decisions and efficiently targeting populations and geographies for interventions.

### New Hampshire Secure "Building Capacity for Transformation Waiver"

On January 5, 2016, New Hampshire secured a five-year, \$150 million Medicaid 1115 waiver to transform the state's delivery system for Medicaid beneficiaries with mental health and substance use disorders. Known as the "Building Capacity for Transformation Waiver" or "transformation initiative," the New Hampshire waiver supports the state's efforts to strengthen community-based mental health services, combat the opiate crisis, and drive delivery system reform. Check out more at [Manatt's Medicaid Update](#).

## Events

The **Patient-Centered Primary Care Collaborative** is hosting a webinar on **Thursday, March 24<sup>th</sup> at 1pm**. The webinar is titled "Assessing the Practice in Partnership with Patients & Families-Opportunities to Improve Patient-and Family-Centered Care." During the webinar, participants will learn how to prioritize quality improvement efforts based on insights from patients and family caregivers. Presenters for the webinar include Juliette Schluter (Center for Child and Family Experience), Patty Black (Institute for Patient-and Family-Centered Care), and Mary Minniti (Institute for Patient-and Family-Centered Care). Please [register here](#).

The **Center on Health Care Effectiveness** is sponsoring a policy forum and live webcast on **Thursday, March 24<sup>th</sup> at 3pm**. During the event, speakers will present practical strategies from a new report that evaluates primary care transformation initiatives. Expert panelists who represent the perspectives of providers and state and federal governments will also talk about the kind of evidence they need if they are to understand the implications of primary care transformation for both the general population and people with chronic care needs. For more information, see the [CHCE event page](#).

The **Mid-Atlantic Telehealth Resource Center (MATRC)** is hosting a **Telehealth Summit beginning April 10<sup>th</sup> through April 12<sup>th</sup>**. The Summit will be in Cambridge, MD at the Hyatt Regency Chesapeake Bay Golf Resort Spa and Marina. During the 2016 MATRC Telehealth Summit, participants will explore how and why telehealth must intersect with both health system transformation and meaningful use in order to successfully impact all three dimensions of the Institute for Healthcare Improvement's (IHI) "Triple Aim": improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care. For more details, visit <http://matrc.org/summit/>.

## Resources

### ONC's Blog Post Series on HIPAA

The **Office of the National Coordinator for Health IT** developed a **blog post series** titled **"The Real HIPAA."** The series of blogs addresses common concerns from providers and payers about sharing personal health information (PHI). Many providers and payers wonder whether they can interoperably exchange PHI with each other and whether written patient consent is necessary for such exchanges. Some providers are not sharing PHI due to their health care organization's policies, procedures, or protocols, even if the sharing is permitted under HIPAA, or because laws in the provider's state apply in addition to HIPAA. The blog series helps to clarify information. To read the series, visit the [HealthIT.gov website](http://HealthIT.gov).

### Commonwealth Fund Report on Benefits of Patient Self-Management Capabilities

The **Commonwealth Fund** recently published a **report in Health Affairs** that discusses the benefits of adding a measure of patient self-management capability to risk assessments to improve predictions of high health care costs. The authors report that patients with the knowledge, skills, and confidence needed to manage their health conditions—those who are activated—are significantly less likely to visit an emergency department or be admitted to the hospital. Moreover, activation scores can be used to accurately predict a patient's future use of health services. This information, the authors say, can help health systems better assess risk, manage costs, and address patients' needs. To read the full report, visit the [Health Affairs webpage](http://HealthAffairs.org).

### Center for Health Care Strategies' Blog on Value-Based Payments

The **Center for Health Care Strategies (CHCS)** recently released a **blog post that outlines five key value-based payment (VBP) models that can be used to sustain provider innovation**. These VBP models include: foundation payments, pay for performance, bundle payments, shared savings, and capitation and global payments. The author states that VBP models shift provider payment away from traditional fee-for-service (FFS) arrangements that reward volume and instead pay for patient outcomes, which aligns with a provider's desire to reduce cost. To read the blog post, [click here](#).

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<http://dhcf.dc.gov/page/innovation>

If you have comments or suggestions for future newsletters, please contact [dc\\_sim@dc.gov](mailto:dc_sim@dc.gov).